

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023410

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

43

Primary Registration District No.

307

Registrar's No.

1597

STATE FILE NUMBER

FILED JUN 17 1963

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Poplar Bluff

Length of stay in 1b
14 yr.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION 718 Dewey St.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Butler

c. CITY
OR TOWN Poplar Bluff

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
718 Dewey

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Eva

Middle

Jane

Last

Cardwell

4. DATE OF DEATH

Month

June 1,

Day

1963

Year

5. SEX

F.

6. COLOR OR RACE

W

7. Married

Never Married ☒
Widowed ☐

8. DATE OF BIRTH

10-13-92

9. AGE (last birthday)

70

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (City and state or country)

Kentucky

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Minton

13b. MOTHER'S MAIDEN NAME

Mary Vinson

14. NAME OF HUSBAND OR WIFE

Clarence Cardwell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Clarence Cardwell, Poplar Bluff

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Chronic myocarditis 10 yrs
Interval between onset and death 24 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Hypertension moderate

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

☐

20b. SUICIDE

☐

20c. HOMICIDE

☐

20d. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20e. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20f. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20g. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20h. CITY, TOWN, OR LOCATION

20i. COUNTY

20j. STATE

21. I attended the deceased from Dec 1960 to June 63 and last saw her alive on 5/22/63
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

MD

22b. ADDRESS

Poplar Bluff, Mo.

22c. DATE SIGNED

6/8/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-3-63

23c. NAME OF CEMETERY OR CREMATORY

Woodlawn

23d. LOCATION (City, town, or county)

Poplar Bluff, Mo.

24. FUNERAL DIRECTOR

25. DATE RECD. BY LOCAL REG.

Greer Croy & Fitch Funeral Service

26. REGISTRAR'S SIGNATURE

6/13/1963

27. REGISTRAR'S SIGNATURE

Shelma Graham

Poplar Bluff, Mo.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300
Rev. 4/59

0128

20128

3

4 1

5 1

6

7 1

8 2

9443X

10

11

12 90-0

13 1-0

961 6 T NDC

961 2 T NDC

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by James Gray Looper, Student Embalmer No. 687
working under my personal supervision.

Student James Gray Looper
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.